

NOTICE TO HOUSEHOLDS OF APPROVAL/DENIAL OF BENEFITS

Dear _____:

Your application for free or reduced price school meals for your child(ren) has been:

_____ Approved for free meals

_____ Approved for reduced-price meals at \$_____ for lunch, \$_____ for breakfast, and \$_____ for snacks.

_____ Approved temporarily for free meals based in zero income. Reapplication must be made on _____ for an extension of eligibility.

Denied for the following reason(s):

_____ Income over the allowable amount

_____ Incomplete application

_____ Other _____

If you do not agree with the decision, you may discuss it with the school.

If you wish to review the decision further, you have a right to a Fair Hearing. This can be done by calling or writing the following official

Name: _____

Address: _____

Toll-Free/Collect/Local Phone Number: _____

If you are not eligible now but have a decrease in household income, become unemployed or have an increase in family size, fill out an application at that time.

Sincerely,

Name

Title

Date

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to *USDA, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 90250-9410* or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.